

PROJECT 10073 RECORD

1. DATE - TIME GROUP 10 Feb 69 11/0130Z	2. LOCATION Pine Bluff, Arkansas
3. SOURCE Civilian	10. CONCLUSION Probable AIRCRAFT
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 5 - 20 Minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted a blinking white light that traveled NE.
6. TYPE OF OBSERVATION Ground-Visual	COMMENTS: Duration and flight path differ considerably from the letter and observers 117. However, both appear to be aircraft.
7. COURSE SSW - NE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME

[REDACTED]

TELEPHONE [REDACTED] AGE 28

☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Quality Assurance Engineer for Noder Corp.
of St. Louis for over 3 years
Recently Employed As An Engineer in the
Test Laboratory At McDonnell Douglas Corp.
of St. Louis

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY 10 MONTH 2 YEAR 69

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 16 MONTH 2 YEAR 69

(I copied a lot of the above descriptions the night of the viewing and used them in filling out this form.)

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 1400 AIR BASE WING (MAC)
SCOTT AIR FORCE BASE, ILLINOIS 62225



REPLY TO
ATTN OF: 1400(OB)

27 February 1969

SUBJECT: UFO Report

TO: FTD(TDPT(UFO))
Wright Patterson AFB, Ohio

1. Attached AF Form 117 on a UFO sighting on 10 February 1969, by [REDACTED] is forwarded for appropriate action.
2. Weather information for Scott AFB during the applicable time period was as follows:

a. Winds

<u>Altitude</u>	<u>Degrees</u>	<u>Knots</u>
6,000	250	25
10,000	250	30
16,000	260	35
20,000	260	40
30,000	260	55
50,000	260	40

b. Ceiling: None

c. Visibility: 10 miles

d. Amount of cloud cover: thin

John B. Dodge
JOHN B. DODGE, Captain, USAF
Assistant Base Operations Officer

1 Atch
AF Form 117

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 10 MONTH 2 YEAR 69

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 0 ☐ A.M. ☒ P.M.

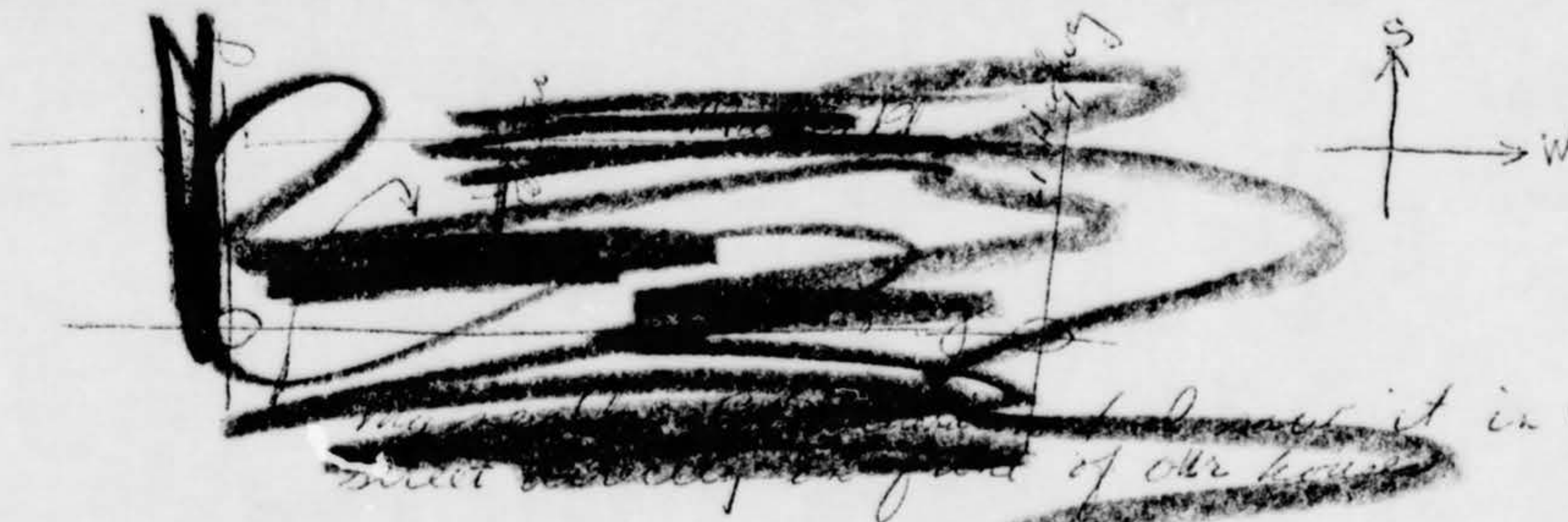
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 0 ☐ A.M. ☒ P.M.

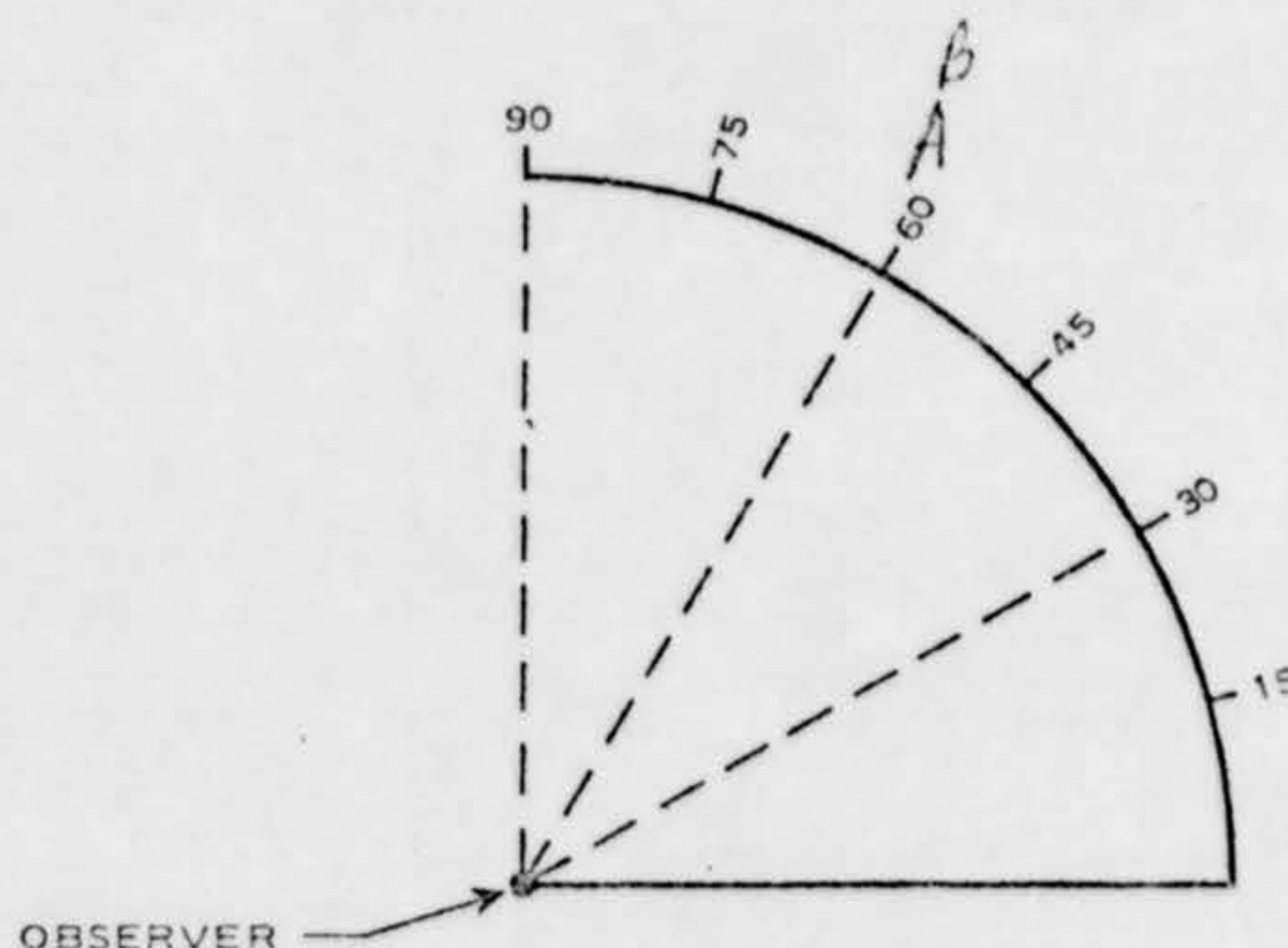
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

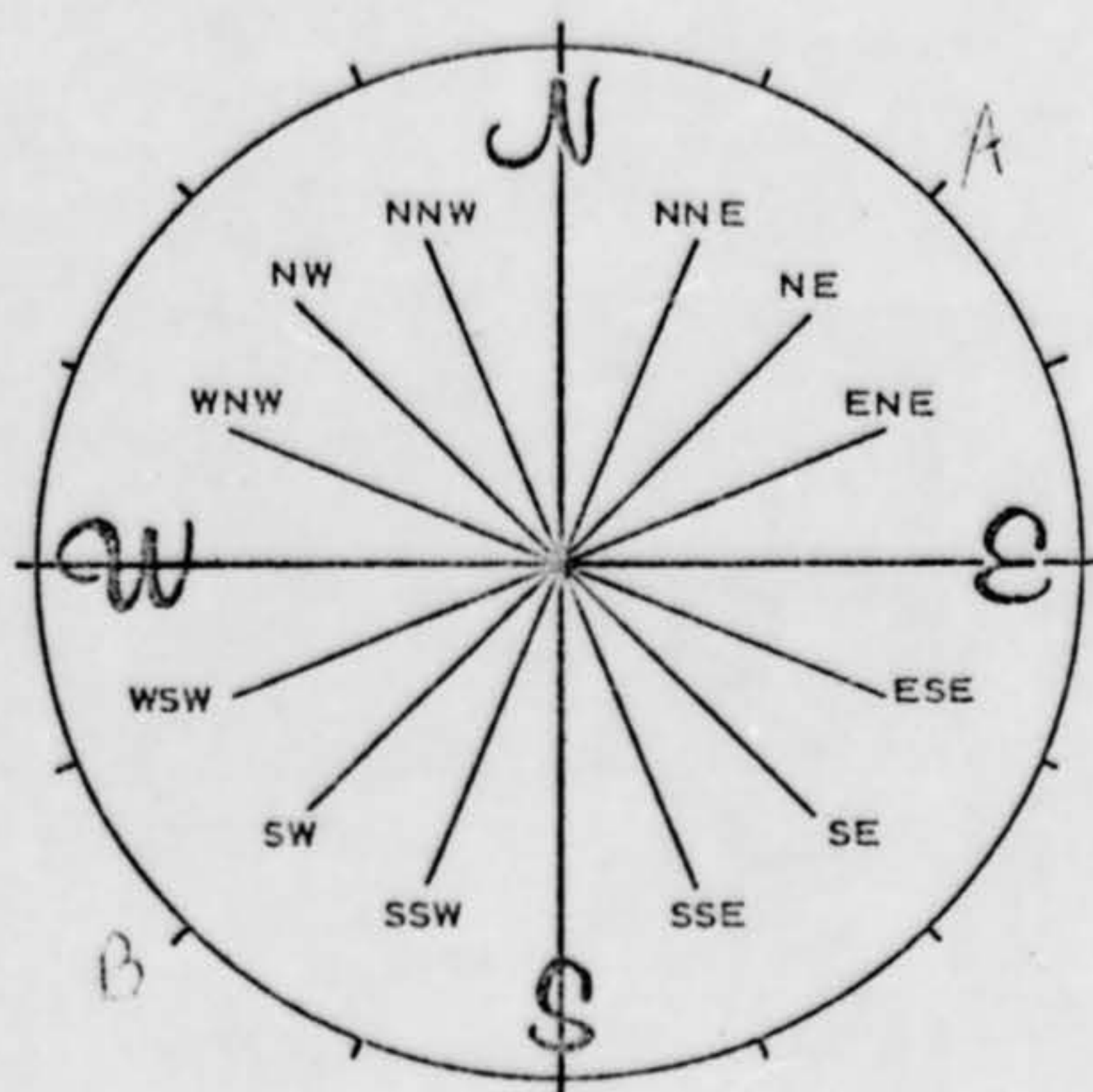
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



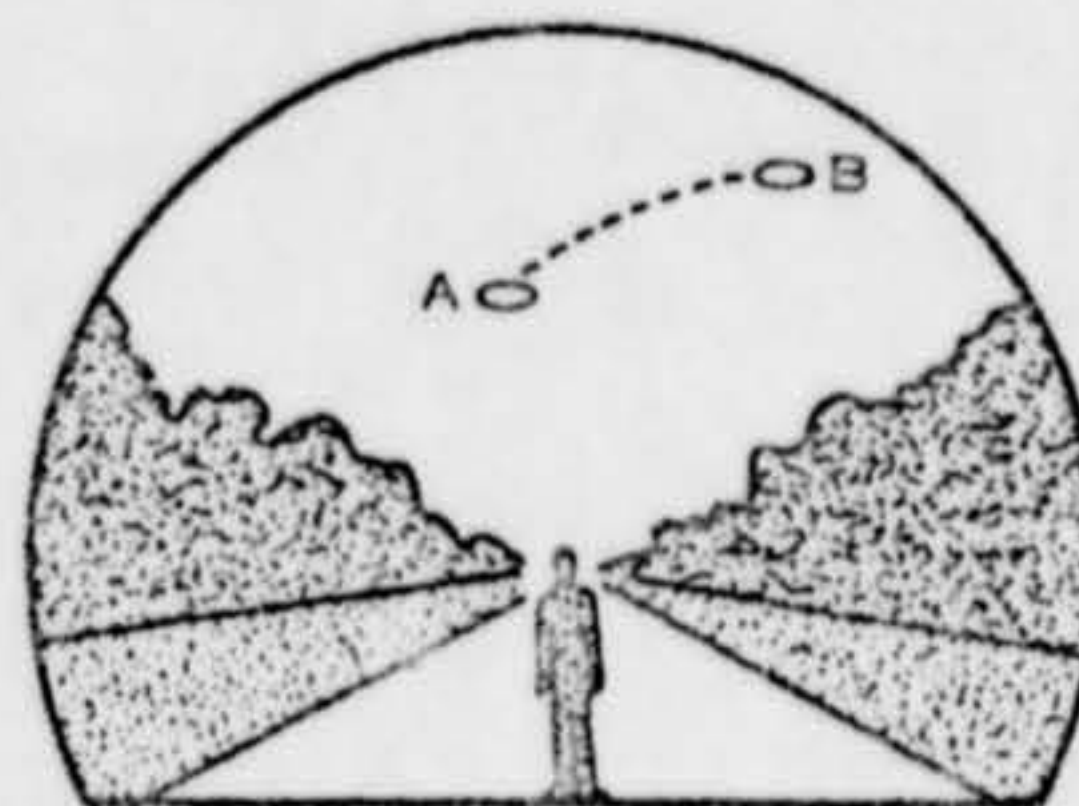
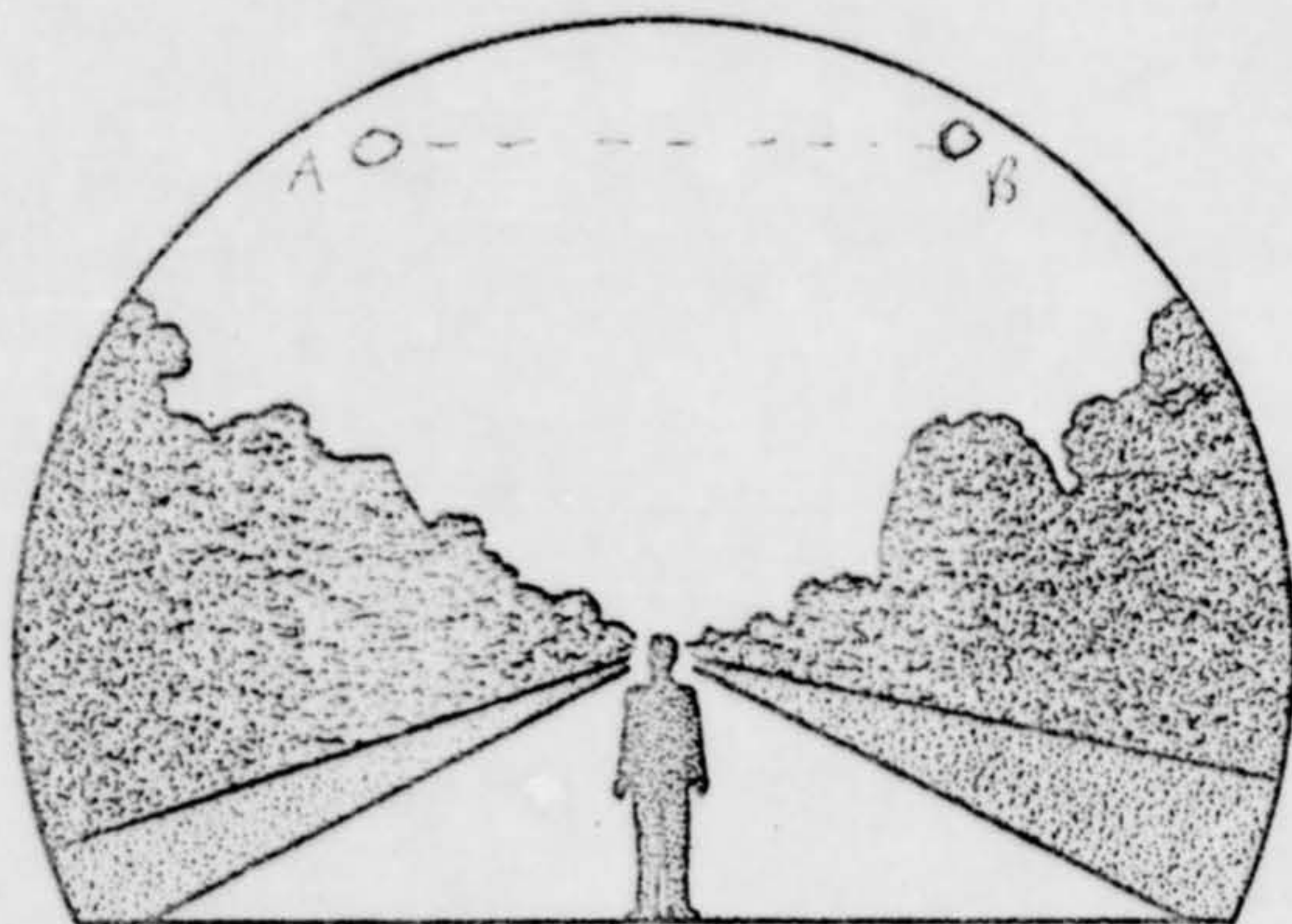
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE. WHEN FIRST SEEN. PLACE AN "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS			IN BUSINESS SECTION OF CITY
IN BUILDING			<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <i>County</i>
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER			IN OPEN COUNTRYSIDE
IN BOAT			NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER			FLYING OVER CITY
OTHER			FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<i>About 4 seconds</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>Estimated by repeating what I was doing during the observation</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
<i>Slight cloud coverage made continuous sight almost impossible, however, the phenomenon was in view nearly the entire time and only partially hidden from view at certain times. Could see many stars at the same time.</i>			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

One only

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
	DAY	✓	CUMULUS CLOUDS (<i>Low fluffy</i>)		FOG OR MIST
	TWILIGHT		CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>)		HEAVY RAIN
✓	NIGHT				LIGHT RAIN OR DRIZZLE
	CLEAR		NIMBUS CLOUDS (<i>Rain</i>)		HAIL
✓	PARTLY CLOUDY		CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)		SNOW OR SLEET
	COMPLETELY OVERCAST				UNKNOWN
			HAZE OR SMOG		NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON			
<input type="checkbox"/>	NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT	<input type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input checked="" type="checkbox"/>	UNKNOWN but don't think
<input checked="" type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	<input type="checkbox"/>	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Houses & Gas lights within 50' of us

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was much larger than the stars, moving unbelievably fast, globular shaped, colored yellow - pink - orange combination.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?		✓	
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

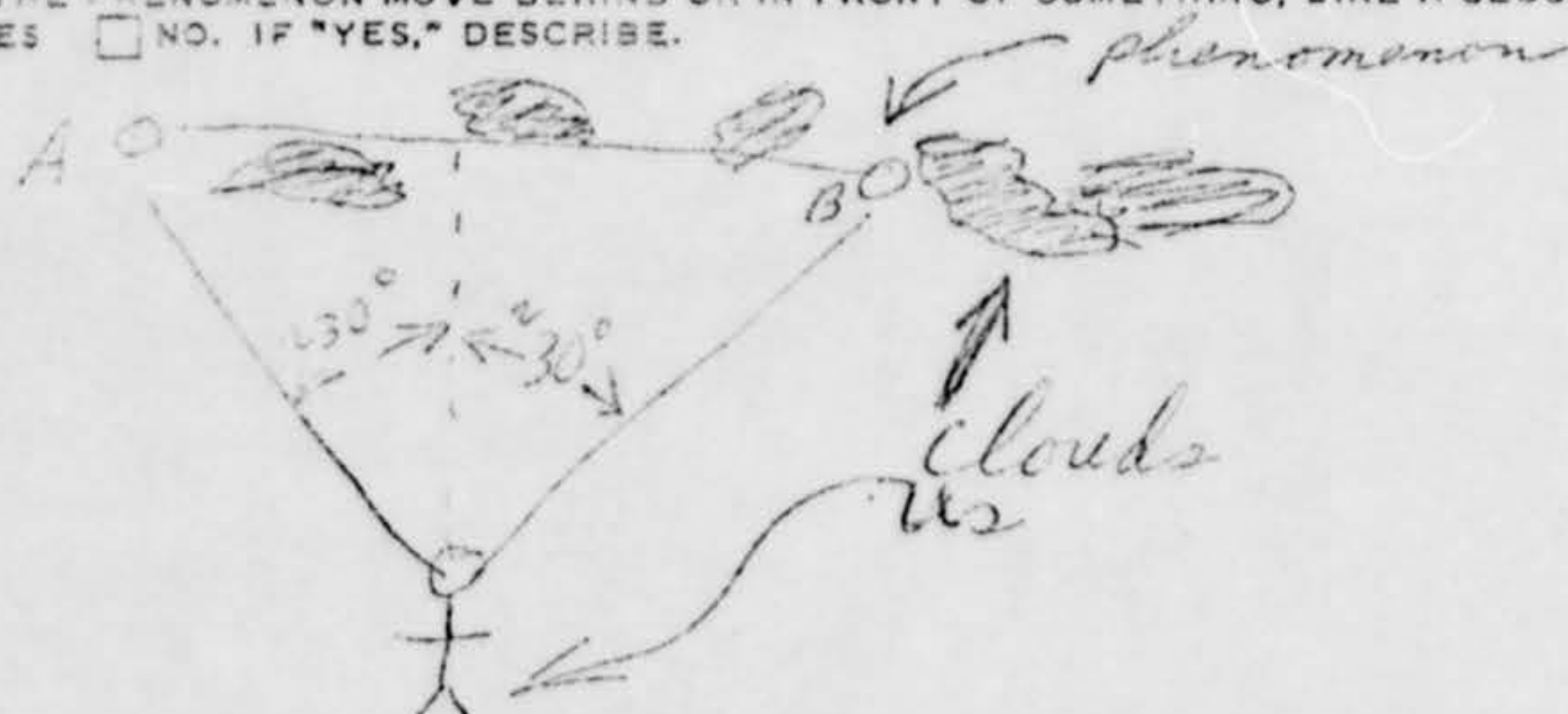
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

It — as a moving light or glow.

A. HOW DID IT FINALLY DISAPPEAR?

Behind a cloud.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☐ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

NE → SW



Blurred combination
of color
yellow-pink-orange

It didn't blink, make a sound
or have separated lights as a
conventional aircraft

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

25-50% would be hidden by a match
head

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EYEGLASSES</td></tr> <tr><td>SUNGLASSES</td></tr> <tr><td>WINDSHIELD</td></tr> <tr><td>SIDE WINDOW OF VEHICLE</td></tr> <tr><td>WINDOWPANE</td></tr> </table>	EYEGLASSES	SUNGLASSES	WINDSHIELD	SIDE WINDOW OF VEHICLE	WINDOWPANE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CAMERA VIEWER</td></tr> <tr><td>BINOCULARS</td></tr> <tr><td>TELESCOPE</td></tr> <tr><td>THEODOLITE</td></tr> <tr><td>OTHER</td></tr> </table>	CAMERA VIEWER	BINOCULARS	TELESCOPE	THEODOLITE	OTHER
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BINOCULARS											
TELESCOPE											
THEODOLITE											
OTHER											
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <u>Mach 6-10</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <u>25-30,000 ft</u>										
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.											
<p style="font-size: 1.2em;">Something which I have seen which would compare in shape & color to the phenomenon is a colored photo of the planet MARS. Size in my estimation was about 4-5 star diameters.</p>											
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											